

ISSUE SLIP STAFF AREA (FOR additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	3/16/00
O.I.P.E. CLASSIFIER		5-333-6	
FORMALITY REVIEW		69652	05/05/00
RESPONSE FORMALITY REVIEW			7/19/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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